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MENTAL HEALTH IN NORTHERN ALBERTA

Addressing the Issues

A Northern Alberta Development Council
Position Paper
1991

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NORTHERN ALBERTA DEVELOPMENT COUNCIL

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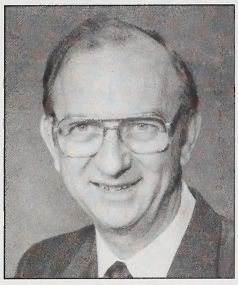
Position Paper

January 1991

TABLE OF CONTENTS

	Page
Northern Alberta Development Council	3
Introduction	6
The Research Report	7
Recommendations	12

NORTHERN ALBERTA DEVELOPMENT COUNCIL (1990-91)



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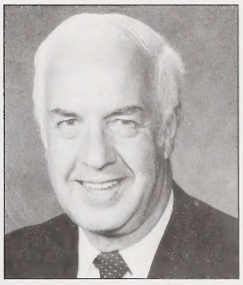

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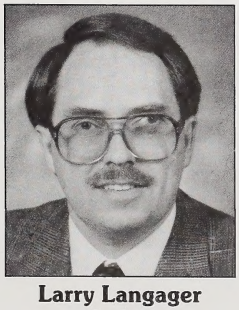

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NORTHERN ALBERTA DEVELOPMENT COUNCIL AREA

COMMUNITIES WITH POPULATION OVER 75 (1981 CANADA CENSUS)

km 10 0 10 20 30 40 50 60 70 km
miles 10 0 10 20 30 40 50 miles

PRIMARY HIGHWAY — SECONDARY ROAD — L.O.C. ROAD — RAILWAY

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Alberta
NORTHERN ALBERTA
DEVELOPMENT COUNCIL

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January, 1991

The Northern Alberta Development Council is pleased to present this position paper on mental health services in northern Alberta.

A significant number of briefs submitted to the Northern Alberta Development Council in the recent past, have stressed the concerns of northerners regarding mental health services delivery. In consequence, the Council commissioned a major study and report so that the current state of mental health services in northern Alberta could be examined in some depth. That report is summarized herein and is available upon request from the Northern Development Branch in Peace River.

The study revealed a number of service gaps. Suggestions and recommendations to assist in mitigating these service issues are included in this position paper.

It is the Council's position that this paper represents the views of northern Albertans.

Bob Elliott, MLA
Chairman

INTRODUCTION

The Northern Alberta Development Council (NADC) was established as an advisory body to the minister responsible for northern development to help in the investigation, planning, promotion and coordination of measures to foster economic and social development in northern Alberta. The Council is dedicated to increasing the dialogue and flow of information between the provincial government and the citizens of northern Alberta.

Since 1973, the Council has held more than 100 public meetings, sponsored a number of conferences and seminars and received over 2200 briefs from northerners. The Council has undertaken more than 125 major research studies and program reviews and prepared numerous submissions to the provincial cabinet.

In the last couple of years, the NADC has received a number of briefs on the topic of mental health. As a result of these briefs, Council requested that a study be undertaken to review the current state of mental health services in the north. In 1989, a steering committee was established to direct the study process. The following individuals were appointed to the committee:

Phyllis Beairsto
Member-at-large, Grande Prairie
Hildegard Campsall
Peace River Health Unit, Peace River
Jeanne Cardinal
Peekiskwetan-Let's Talk Agency, Wabasca
Dr. Ronald Dyck
Provincial Suicidologist, Alberta Health, Edmonton
Jacquie Gaboury
PACE Crisis Line, Grande Prairie
Elaine Gauthier
NADC Member, Plamondon
Mel Kuprowsky
Alberta Family & Social Services, Lac La Biche
Carol Molstad
Alberta Health (Mental Health Division), Fort McMurray
David Moncrieff
Alberta Health (Mental Health Division), Grande Prairie
Brian Pountney
Northern Development Branch, Peace River
Alan Taylor
Family & Community Support Services, Athabasca

The steering committee selected the Alberta Management Group to conduct the research and, in consultation with the research firm, chose 10 northern communities to visit during the research. The communities were not chosen because they were "problem" communities; rather, they were selected as independent "case studies" representing the spectrum of communities in northern Alberta including urban, rural, remote, agriculture-based, resource-based, native, growing, stable, and declining, or some combination of these characteristics. The communities visited were:

Beaverlodge	High Level
Falher	Lac La Biche
Fort McMurray	Swan Hills
Grande Cache	Wabasca/Desmarais
Grand Centre	Whitecourt

The Alberta Management Group research report provides the background to this position paper.

THE RESEARCH REPORT

The research report was commissioned to identify strategies to improve the quality and quantity of mental health services in northern Alberta. The primary objectives were:

- to review existing mental health services and outline service gaps
- to examine service impediments in northern Alberta including: recruitment difficulties, staff retention, sparse population, distance, and special needs groups; and to explore ways to mitigate these
- to examine existing and proposed coordination activities and innovative projects
- to propose implementation strategies and recommendations to address the research findings.

The broad scope of this project included mental health-related services provided by Alberta Health (Mental Health Division), AADAC, FCSS agencies, Alberta Family & Social Services (Child Welfare), health units, hospitals, various volunteer agencies and others.

The research results are outlined in detail in the report, "Mental Health in Northern Alberta — Addressing the Issues" (Alberta Management Group, January 1991).

Methodology

The research for this report was conducted in progressive phases, with each phase contributing to the next, as follows:

Phase I

A documentation review of more than 58 briefs and reports relating to mental health issues in northern Alberta was conducted. In addition, a review of four northern innovative projects and innovative strategies from the literature was also carried out.

Phase II

Visits to 10 northern Alberta communities were then held to obtain the views of service providers and planners, service users and the public-at-large. In each community, a meeting was held with the interagency committee. Interviews with other service providers and users of the services were conducted, followed by a town hall meeting.

Phase III

A broadly based survey of mental health service providers in northern Alberta was conducted to further explore service delivery and staffing issues disclosed in phases I and II. The objectives of the survey were:

- to identify and explore access to mental health services
- to discover service demand and capacity
- to examine various employment issues
- to conduct this research in such a way that all regions and community types were represented.

Surveys were sent to northern offices of Alberta Mental Health, Alberta Alcohol & Drug Abuse Commission, Alberta Family & Social Services (Child Welfare), Family & Community Support Services, health units and sample school divisions. Returned surveys reported on 42 northern communities accounting for over 60% of the northern population.

Phase IV

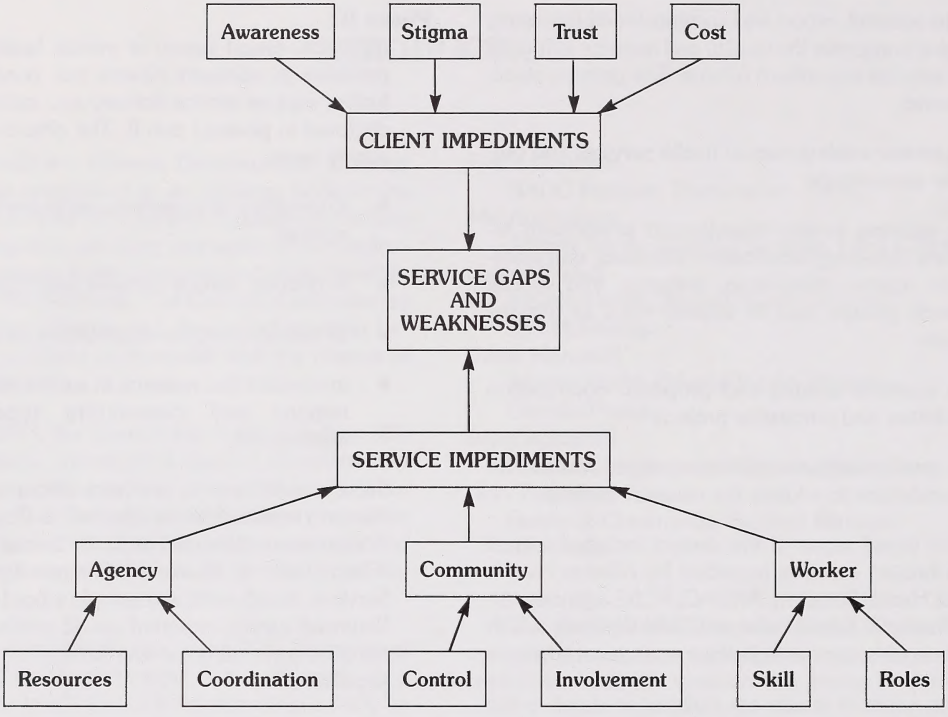
Two regional workshops were held, one in St. Paul the other in Peace River. A total of 100 northern service providers attended these workshops to verify and priorize the research findings and to recommend proposed solutions and strategies.

Principal Conclusions

Three principal conclusions emerge from data gathered:

1. Current service delivery systems do not meet the mental health needs of many northern residents. Services for youth are particularly emphasized as lacking.
2. Service deficiencies are more pronounced as community size decreases and remoteness increases.
3. Service delivery issues vary considerably from community to community.

IMPEDIMENTS CAUSING SERVICE GAPS AND WEAKNESSES



Findings

A number of service gaps were identified. The causes (impediments) of these gaps were also explored in detail. An overall summary of the service gaps/weaknesses and impediments is presented in the model above.

Service Gaps/Weaknesses

Northerners expressed concern about various services. The service areas have been grouped into the following categories:

Prevention/Promotion (services geared to maintaining or enhancing mental wellness by enabling individuals to cope with the stresses of life)

> These activities are not available in many communities because volunteers and paraprofessionals of various agencies are forced to turn their attention to crises that back up into their agencies.

Pre-Crisis (early intervention services for individuals and families not immediately at risk but who are experiencing difficulties coping with stress)

> The lack of these services in communities was mentioned most frequently. Youth concerns were particularly emphasized. The need for further youth activities, drop in centres, school/family liaison workers, and increased guidance counselling in both primary and secondary schools was also emphasized.

Crisis Intervention (short-term intervention services geared to dealing with an immediate crisis involving violence or suicide)

> The majority of communities visited expressed concern with the scarcity of crisis lines and volunteers. The lack of coordination among professionals was considered a hindrance in many communities.

Assessment and Treatment (assessment and longer term treatment services dealing mainly with diagnosed mental illness or severe social coping problems)

Northerners were concerned about the shortfall in professional long-term psychological and/or psychiatric treatment services. Most communities depend on Alberta Health (Mental Health) or AADAC workers from other centres. Further, staff cutbacks, extended staff vacancies and high caseloads result in less support for community-based services.

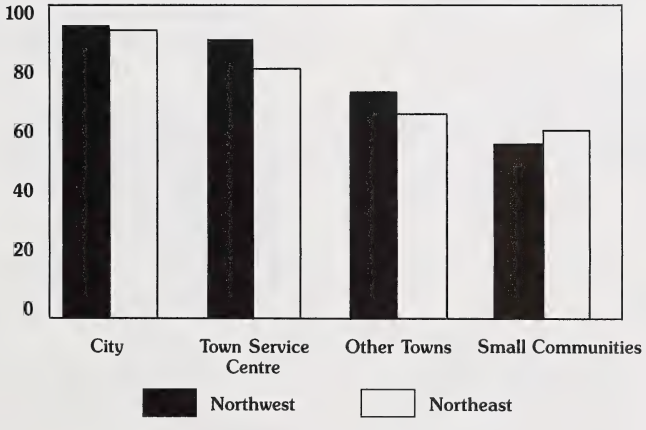
Post-Treatment (long-term community-based follow-up after completion of treatment)

Many communities have no local follow-up for clients returning from or treated by professionals in another centre. Local service providers noted the need for more local self-help groups or transitional facilities to complement external services.

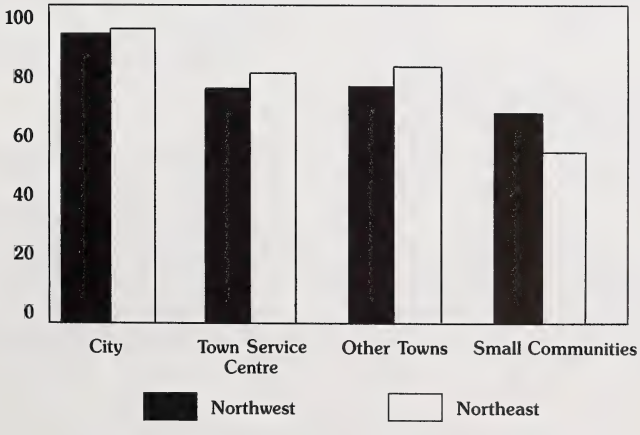
Service providers reporting through the survey concurred that access to these services are deficient. Service providers reported the following key findings:

- Access to various mental health services in both the northeast and northwest regions depends upon community size. Access is highest in the two northern cities, followed by the town service centres of Peace River and St. Paul. Access drops in other towns and small communities. (Access is defined as being within the community or within a one-hour-drive; see the following figures. The reader is referred to the research report for further detail and explanation of group "A" and "B" services.)

Access To Group A Mental Health Services
Weighted Mean (%)



Access To Group B Mental Health Services
Weighted Mean (%)



- Service providers perceive a high constant demand for mental health services regardless of community size. However, capacity to deal with these problems again is affected by community size. Capacity decreases significantly with community size.

These findings are very important considering that over 70% of the population in the NADC area resides outside the two cities and two service centres.

While data obtained from clients are not detailed to a level where client satisfaction with a particular service is shown, key findings in this regard were:

- Of those clients reporting a successful outcome in the service they received, twice as many who had a single referral deemed their service outcomes successful as those experiencing multiple referral.

- Of those reporting a successful outcome in the service received, more than double used a local agency rather than an external agency only.

Impediments to Service Delivery

While it is important to identify services that are not adequately provided and to confirm this with all interested parties, it is equally important to understand why this happens. The key impediments as shown in the model include:

Client Impediments

LACK OF AWARENESS — clients are not always aware of services they can access or that they have the right to use them. Further, many clients fail to recognize symptoms of illness and fail to seek help at an early stage.

STIGMA — many individuals, particularly in small communities, are reluctant to seek help because of the stigma associated with mental illness.

LACK OF TRUST — frequent turnover in staff and inconsistency in services lead to difficulties establishing and maintaining credibility and trust needed between workers and clients. In addition, many native communities lack culturally relevant services, further affecting trust and acceptance.

TRAVEL/COST — residents in smaller communities must often travel to obtain services. The time, cost and stress of travel in the north inhibits clients from accessing and continuing treatment.

Service Impediments

A. AGENCY IMPEDIMENTS

RESOURCES — insufficient staff to provide services needed. Staff shortages are caused by:

- Inadequate funding
- Funding formulae not accounting for extensive travel which significantly reduces caseload capability
- Absence of long-term consistent program funding
- Existing system inefficiencies such as duplication of administration among agencies and over-reliance on external professional services
- Insufficient supply of qualified candidates due to poor image of mental health, lack of clinical psychology programs in Alberta universities, absence of rural/remote practicums, dearth of rural/remote practice content in training programs, no local training opportunities, poor image of northern life and practice, and wages not commensurate with higher costs.

COORDINATION — difficulties in coordination of services between the various local and external agencies serving communities impede service delivery because:

- Time for interagency involvement is not accounted for in funding positions; further, service demand often does not permit involvement
- Client confidentiality inhibits service integration, particularly in smaller communities
- Workers are sometimes unaware of available services
- External professionals and local nonprofessionals often lack trust and communication
- Known gaps in service sometimes persist because no agency serving the community is formally mandated to provide the service.

B. COMMUNITY IMPEDIMENTS

CONTROL — lack of community input and control in defining needs and priorities, establishing standards and methods to deliver services, and determining allocation of resources were reasons cited for gaps or weaknesses in services. The reasons for poor community input included:

- Most aspects of the current system are highly centralized, i.e., planning, policy and program development, and resource allocation
- Many northerners feel that policy makers believe northern communities unready to assume greater responsibility, authority and accountability.

INVOLVEMENT — northern communities vary in their ability to implement actions to fill identified service gaps because:

- In many small communities the pool of skilled individuals and of volunteers is often fully tapped
- There is a lack of professional support to assist community groups.

C. **WORKER IMPEDIMENTS**

SKILLS — clients do not always receive adequate or appropriate service because of deficiencies in the skills of mental health workers. The reasons include:

- Inapproriate referrals or treatment are sometimes made because not all workers in contact with clients are trained in recognizing and "treating" specific mental health problems
- Crises back up into community agencies forcing some workers into cases they feel underqualified to handle when no referral option exists.

ROLES — workers do not always have the role flexibility to deliver services required because:

- Agency policy or mandate restricts workers from performing the role requested
- Traditional professional roles inhibit workers from considering alternative roles requested of them regarding the needs of the community.

Northern Directions

Northern service providers and planners confirmed and priorized the research findings at two regional workshops. Although workshop participants emphasized the interrelatedness of impediments to delivering mental health services, five recurring issues received attention:

1. **Lack of Resources** — staff shortages caused by insufficient funding, recruitment and retention difficulties, and system inefficiencies.

2. **Lack of Coordination** — difficulties in coordination of services among local agencies and between local and external service providers caused by mandate restrictions and insufficient time to plan and implement coordination initiatives.

3. **Inadequate Worker Skills** — a condition caused in large part by crises backing up into the caseloads of local service providers (particularly those working with community-based agencies) who have not been trained to deal effectively with them, insufficient preparation for northern practice experienced by some professionals, and inadequate funds to hire experienced staff qualified to deal with the caseloads.

4. **Lack of Community Control** — over problem definition, program planning, and resource allocation decisions causing ineffective mechanisms for meaningful community input and a perceived lack of respect by central authorities for the ability and capacity of communities to assume greater responsibility and accountability for service provision.

5. **Lack of Community Involvement and Organization** — over-reliance on external services and service providers due to limitations in community resources.

NADC RECOMMENDATIONS

Based on the findings of the research report, the two public workshops and extensive consultation, the Northern Alberta Development Council recommends the following:

Recommendation 1

Mental Health services should receive higher priority and, therefore, financial and staffing resources of applicable government departments should be reallocated.

- Local services in smaller communities need further financial resources.
- Extensive travel demands on workers in the north need to be considered when the number of staff positions are established.

Recommendation 2

Resources for mental health services should be increased, particularly where small communities are distant from service delivery centres.

- Develop and deliver comprehensive formal training programs for local service providers.
- Increase the resources to, and the use of paraprofessionals in small communities. Where appropriate, ensure local paraprofessionals have formal links to external professionals for referral, follow-up and case consultation.
- Modify the role of both visiting and resident professionals to include the functions of educating and consulting with local service providers, including paraprofessionals, traditional healers, informal caregivers, social support and self-help groups.

Recommendation 3

Promotion, prevention, education and service awareness should be increased significantly.

- In consultation with various community service providers, these activities should be presented in a medium relevant to the entire range of cultural groups in the north.
- Promotion initiatives should attempt to change the image of mental health and decrease the associated stigma.

Recommendation 4

To the greatest extent possible, northern service providers and citizens should be involved in needs identification, development of programs, services and strategies, and allocation of resources.

- Regional Mental Health Planning Committees should ensure the ideas in the above recommendation are included in their terms of reference. These committees would allow communities (regions) to have greater input to and control over decisions regarding needs, priorities, services, standards and the allocation of mental health resources in their region.
- Consideration should be given to the geographic area these committees serve. Small committees serving traditional service areas are preferable to committees which attempt to serve entire regions.
- Alberta Health (Mental Health Division) should establish northern regional staff positions to facilitate community resource development within rural communities or regions.
- Funds should be reallocated from institutional services to community-based services.

Recommendation 5

Training and training opportunities for community-based volunteers and professionals should be improved.

- Implement rural/northern content in professional training curricula (including northern rural practicums) and provide support for northern field placements.
- To reduce the need to leave the community provide further local training opportunities for professionals, paraprofessionals and volunteers.
- If the role of professionals is modified as indicated in recommendation #2, then inservice training programs will be needed to assist northern professionals in their roles as educators and consultants.
- A clinical psychology training program is needed within Alberta.

Recommendation 6

Alberta Health (Mental Health Division) and the Public Service Commission should develop a proactive and specialized recruitment and retention strategy for hard to recruit/retain positions within the northern regions. Ideas that should be considered within the strategy are:

- Decentralizing appropriate personnel functions to northern regional levels.
- Accelerate pay grids for hard-to-fill northern mental health therapy positions.
- Reallocate payroll dollars from vacant positions to recruitment costs and incentives.
- Promote cost sharing of positions between agencies (local and provincial) to provide more attractive compensation packages and more attractive jobs.
- Fund bursaries with return service commitments for training northern resource persons.
- Advertise and promote the north to students and professionals.
- Develop orientation packages specific to the job and community for new workers.
- Provide funding for inservice training.
- Actively recruit resource persons from the northern population.

Recommendation 7

Coordination among local agencies, and local and external service providers should be improved.

- In ongoing consultation with community and provincial agencies, review existing agency mandates and adjust to ensure gaps in service delivery are quickly diminished.
- Where possible, avoid single-person offices by encouraging co-location with other service providers to enhance collegial support.
- Continue to support joint agency programs, resource pooling, and single entry and coordinated case management initiatives.
- Encourage participation of local and external professionals in community interagency meetings.

Recommendation 8

The interdepartmental committee examining overlaps and gaps within departments' mandates should report its findings to the ministers by June 30, 1991.

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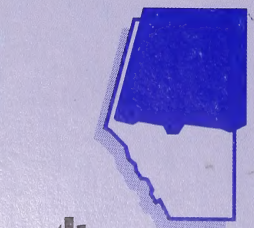

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